

Some of these matters were also discussed in CALIFORNIA AND WESTERN MEDICINE on page 193 of the issue for March, 1930. If blame for defects in structure and arrangement is anywhere to be placed, much of it must justly fall on the shoulders of the Associated Architects, who received the handsome sum of one million dollars, or so, for drawing the plans and supervising the construction of the building. Perhaps on some future occasion it may be desirable to comment on some of the features of this building as now constructed.

What we now deal with is a massive hospital edifice in real existence and seemingly constructed in most permanent form; the permanency factor, unfortunately, being true as to both its good and its bad features. It is earnestly hoped by the medical profession that it may always be utilized as indicated in the addresses of Doctors Magan and Barrow, wherein the ideal of the fullest and finest service to the deserving poor was so clearly emphasized.

POLIOMYELITIS

Is California to Experience a Poliomyelitis Outbreak?—Because it is important that all physicians in California should know that a poliomyelitis outbreak has started in the state, the editor requested Dr. J. D. Dunshee, director of the California Department of Public Health, to send some comments on the present situation. His article, printed on page 410, is worthy of the attention of every member of the California Medical Association.

At the meeting of the California State Board of Health, held on May 19, it was voted to send to every physician a special leaflet concerning the disease. Although the funds at the disposal of the State Board of Health are limited, it was felt that the seriousness of the impending situation warranted the expenditure. This pamphlet is now being printed and will be promptly placed in the mails. Any California Medical Association members desiring special information are invited to write to one of the three State Health Board offices (at Sacramento, San Francisco or Los Angeles), the addresses of which are printed in this issue, on advertising page 6.

EDITORIAL COMMENT*

RATIONAL ENDOCRINE THERAPY

There are certain principles in the study of endocrine medicine, amply supported by clinical and laboratory evidence, which should be accepted as the basis for present-day therapy. Students of the problem, whether clinicians or laboratory investigators, should be able to agree on several broad generalizations. It is with a desire to lessen the chaos in this field that the present discussion

is offered. Chaos will never be replaced by order until we know much more of our subject, so until that time the ever-present evil of commercial propaganda will probably have to be tolerated. The main point is not to allow it to obscure principles.

Deficiencies of thyroid function were early shown to be remedied by administration of desiccated thyroid substance by mouth, a fortunate thing for cases of hypothyroidism; but an unfortunate circumstance for the development of endocrine therapy, for it was loosely assumed by commercial houses and physicians alike that desiccates of various other glands carried the active principles of those glands and, what was perhaps more unfortunate, that such desiccates were active when administered by mouth. Endocrine therapy has not yet recovered from the handicap that this concept imposed. It is true that thyroid substance and the follicular hormone of the ovary in the form of theelol, or in desiccates, are active when administered orally. It is likewise true that certain other hormones are active by mouth when administered in enormous quantities; but at the present time cost is such an important item, and the method so inefficient that, for practical purposes, with the exceptions mentioned this method of therapy (?) might well be abandoned.

It would seem almost unnecessary to refer to the subject of shotgun therapeutics, but where in medical practice today is there such use of this method as in endocrine treatment? Shotgun therapy is in itself an admission of ignorance. Some may attempt to justify it on the basis of glandular interrelationships. It is true that we know of certain interdependencies, but we have not yet been able to measure these factors, and it would seem better judgment to defer acting therapeutically on this premise until more is known. It should be mentioned, however, that many more relationships have been postulated to exist than have ever been demonstrated satisfactorily. If more than one glandular product is to be used at a time, the physician should be the one to determine the proportions involved, and not the commercial house; yet the most casual attention to certain catalogues reveals a veritable wonderland of combinations offered with a view, it would seem, to minimize the thinking which the doctor does. Think of the patient, think of a number and the problem is solved!

It would likewise seem unnecessary to suggest that only products of proved potency be used; and yet far more therapy is attempted with inert products than with potent ones. One reputable company has on the market three anterior pituitary extracts (one is a pregnancy urine extract). Of these three products, two are potent. The third, the oldest of the three, has no appreciable growth-stimulating property, and practically no sex stimulating effect when tested in our hands; and yet it outsells by far the two potent products according to the recent statement of a contact man, and the house appears to be happy to meet the demands rather than retire the product.

Similarly, what justification there is for offering to physicians a pineal desiccate or its use by

* This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California and Nevada Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.